

State of Nevada
Department of Education/Teacher Licensing

**PROCEDURES TO APPLY FOR AN ADDITIONAL
ENDORSEMENT/LICENSE**

The following items are required to apply to add an additional endorsement/license to your existing valid Nevada license:

- ☐ The completed application signed and dated.
- ☐ Official transcript(s) from all post-secondary institutions attended where the required course work for the additional endorsement/license was completed. If the transcript(s) with the required course work are already on file, you do not have to resubmit them. Hand carried transcript(s) are acceptable as long as they are official. A transcript is considered official if it has the official school seal and the registrar's signature. **Photocopied transcripts and faxes are not accepted.**
- ☐ The application fee of \$45.00 for each endorsement/license you are applying for. Payment must be by check or money order made payable to the Department of Education. **No cash please.**
- ☐ The following verifications will be required if needed to obtain the endorsement or license:
 - ⇒ Verification of work or teaching experience.
 - ⇒ Notarized copy of a professional license/certificate from another state.
 - ⇒ If applying for a School Counselor endorsement, verification of completion of a school counseling practicum will be required. The verification must indicate grade level of the practicum, and be on official college letterhead co-signed by the Dean of the department.
 - ⇒ Applicants applying for a School Psychologist endorsement, who do not hold national certification, must verify an internship in school psychology as outlined in NAC 391.319, 1 through 3, or section 5 from the corresponding licensing requirements.

DEPARTMENT OF EDUCATION/TEACHER LICENSING

APPLICATION FOR AN ADDITIONAL ENDORSEMENT/LICENSE

RETURN TO:

Northern Office of Teacher Licensure
700 East Fifth Street, Suite 105
Carson City, NV 89701-5096
(775) 687-9115

Southern Office of Teacher Licensure
1820 East Sahara, Suite 205
Las Vegas, NV 89104-3746
(702) 486-6458

Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____
Street City State Zip

Telephone Number: _____

Please indicate which of the following licenses/endorsements your are applying for:

- A ☐ Elementary License: Endorsement _____
Specify Subject Area
- B ☐ Secondary License: Endorsement _____
Specify Subject Area
- C ☐ Secondary License: Occupational _____
Specify Subject Area
- D ☐ Special License: K-12 Endorsement _____
Specify Subject Area for K-12 Endorsement
- E ☐ Substitute License: K-12 _____

List all course work or professional training that will qualify you for the license or endorsement for which you are applying. Enter semester credit hours only. Official transcript(s) do not have to be resubmitted if already on file.

From	To	Name of Institution	City/State	Semester Hours	Major	Degree

Note: Quarter credits must be converted from quarter to semester credit. One quarter credit converts to 2/3 semester credit.

Signature

Date